

Exhibit 76

Form 990

Return of Organization Exempt From Income Tax

114759

OMB No. 1555-0044

2014

Open to Public
Inspection**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014****B Check if applicable** Address change Name change Initial return Final return/terminated Amended return Application pending**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990**C Name of organization**

THE PERSONAL CARE PRODUCTS COUNCIL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1620 L STREET NO 1200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200364702

F Name and address of principal officerLEZLEE WESTINE
1620 L STREET NO 1200
WASHINGTON, DC 200364702**D Employer identification number**

13-1390920

E Telephone number

(202) 331-1770

G Gross receipts \$ 26,709,934**I Tax-exempt status** 501(c)(3) 501(c) (6) ► (insert no) 4947(a)(1) or 527**H(a) Is this a group return for subordinates?** Yes No**H(b) Are all subordinates included?** Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►**J Website:** ► WWW PERSONALCARECOUNCIL.ORG**K Form of organization** Corporation Trust Association Other ►**L Year of formation** 1971 **M State of legal domicile** DC**Part I Summary**

- 1** Briefly describe the organization's mission or most significant activities
- REPRESENT THE COMMON BUSINESS INTERESTS OF THE PERSONAL CARE PRODUCTS INDUSTRY

- 2** Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	121
6 Total number of volunteers (estimate if necessary)	6	55
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,168
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,000

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	344,461	321,030
9 Program service revenue (Part VIII, line 2g)	15,853,506	16,237,719
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	815,338	1,000,594
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,135,006	3,092,965
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,148,311	20,652,308

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	153,958	140,700
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,247,936	11,260,217
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,857,955	8,653,951
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,259,849	20,054,868
19 Revenue less expenses Subtract line 18 from line 12	888,462	597,440

Beginning of Current Year	End of Year
21,120,019	24,177,750
6,683,448	8,677,068
14,436,571	15,500,682

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge

Sign Here

Signature of officer

LEZLEE WESTINE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FREDERICK LONGWOOD

Preparer's signature

FREDERICK LONGWOOD

Firm's name ► TATE AND TRYON

Firm's address ► 2021 L STREET NW 400

WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO SECURE AND PROVIDE THROUGH THE COUNCIL THE COOPERATION AND UNITED EFFORTS OF THE PERSONAL CARE PRODUCTS INDUSTRY IN ANY MATTERS RELATING TO THE WELFARE OF THE INDUSTRY, INCLUDING REPRESENTING THE INDUSTRY BEFORE FEDERAL, STATE, AND LOCAL GOVERNMENTS IN ORDER TO MAINTAIN THE APPROPRIATE REGULATORY STATUS FOR PERSONAL CARE PRODUCTS, REPRESENTING THE INDUSTRY IN OTHER MATTERS RELATING TO ITS GENERAL WELFARE, AND SUPPORTING PRODUCT, EMPLOYEE, AND ENVIRONMENTAL SAFETY THROUGH SCIENTIFIC RESEARCH AND DEVELOPMENT OF VOLUNTARY SCIENTIFIC STANDARDS AND TEST METHODOLOGIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a (Code) (Expenses \$)**

SCIENCE/COSMETICS INGREDIENT REVIEW THE COUNCIL PROMOTES THE INDUSTRY'S COMMITMENT TO SAFETY AND SELF-REGULATION TO ENSURE THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT THROUGH THE USE OF SAFE INGREDIENTS IN PERSONAL CARE PRODUCTS. THE COUNCIL'S CONSUMER COMMITMENT CODE FORMALIZES EXISTING PRODUCT SAFETY PRACTICES AND DEMONSTRATES THE INDUSTRY'S COMMITMENT TO SAFETY. THE CIR REVIEWS AVAILABLE INFORMATION ON INGREDIENTS TO DETERMINE THE SAFETY OF THOSE INGREDIENTS AS USED IN PERSONAL CARE PRODUCTS AND PUBLISHES THE CONCLUSIONS OF ITS INDEPENDENT REVIEW PANEL

4b (Code) (Expenses \$)

GOVERNMENT AFFAIRS/LEGAL AND REGULATORY/GLOBAL STRATEGIES THE COUNCIL WORKS TO ENSURE THAT ALL FEDERAL AND STATE LEGISLATION AND REGULATION HAVE AN APPROPRIATE FOCUS ON CONSUMER PROTECTION AND PRODUCT AVAILABILITY. THE COUNCIL SUPPORTS MEMBER COMPANIES' ACCESS TO GLOBAL MARKETS THROUGH INTERNATIONAL ADVOCACY, REGULATORY HARMONIZATION, AND MEMBER ADVISORY SERVICES

4c (Code) (Expenses \$)

Including grants of \$ _____) (Revenue \$ _____)
Including grants of \$ _____) (Revenue \$ _____)
Including grants of \$ _____) (Revenue \$ _____)
Including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____) (Revenue \$ _____)**4e Total program service expenses** ►

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2	Yes	
3		No
4		
5	Yes	
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance Case 3:16-md-02738-MAS-RLS Document 13577-21 Filed 06/08/20 Page 6 of 54 PageID: 14763
Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	80
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	121
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . .	2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).	7a	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	9a	
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9b	
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders . . .	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13b	
c Enter the amount of reserves on hand . . .	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ✓

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 39	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 39	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 No	
6	Did the organization have members or stockholders?	6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a Yes	
b	Each committee with authority to act on behalf of the governing body?	8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 No	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a No	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13	Did the organization have a written whistleblower policy?	13 Yes	
14	Did the organization have a written document retention and destruction policy?	14 Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a Yes	
b	Other officers or key employees of the organization	15b Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTEN BO GENRIEF
 1620 L STREET NO 1200
 WASHINGTON, DC 200364702 (202) 331-1770

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** **directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

✓ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Officer		Former Highest compensated employee			
Individual trustee or director		Key employee			
Institutional Trustee					

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	4,735,559	0	563,030

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►28

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COVINGTON & BURLING LLP 1 CITY CENTER 850 TENTH STREET NW WASHINGTON, DC 20001	LEGAL SERVICES/CONSULTING	702,595
3D COMMUNICATIONS 15480 ANNAPOLIS ROAD SUITE 198 BOWIE, MD 20715	PUBLIC AFFAIRS CONSULTING	371,216
MEHLMAN VOGEL CASTAGNETTI 1341 G ST NW SUITE 1100 WASHINGTON, DC 20005	GOVT AFFAIRS CONSULTING	360,363
RASKY BAERLEIN STRATEGIC COMMUNICATIONS 70 FRANKLIN STREET 3RD FLOOR BOSTON, MA 02110	PUBLIC AFFAIRS CONSULTING	166,377
MIDDLE KINGDOM BUSINESS CONSULTANTS 925 15TH STREET NW SUITE 500 WASHINGTON, DC 20005	INTERNATIONAL CONSULTING	164,652

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►9

Check if Schedule O contains a response or note to any line in this Part VIII

11476
(A)

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	321,030				
g Noncash contributions included in lines 1a-1f \$		321,030				
h Total. Add lines 1a-1f			321,030			
Program Service Revenue		Business Code				
2a MEMBERSHIP DUES		900099	12,847,174	12,847,174		
b PUBLICATIONS		541800	1,973,367	1,948,199	25,168	
c MEETINGS & CONFERENCES		900099	1,417,178	1,417,178		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			16,237,719			
3 Investment income (including dividends, interest, and other similar amounts)			651,761			651,761
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			77,928			77,928
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	6,406,459					
b Less cost or other basis and sales expenses	6,057,626					
c Gain or (loss)	348,833					
d Net gain or (loss)			348,833			348,833
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a FREE SALE CERTIFICATES		900099	1,768,165	1,768,165		
b INTERESTED PARTY		900099	897,519	897,519		
c APPLICATION FEES		900099	331,575	331,575		
d All other revenue			17,778	17,778		
e Total. Add lines 11a-11d			3,015,037			
12 Total revenue. See Instructions			20,652,308	19,227,588	25,168	1,078,521

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	140,700			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,032,976			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,104,456			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,195,021			
9 Other employee benefits	461,703			
10 Payroll taxes	466,061			
11 Fees for services (non-employees)				
a Management				
b Legal	806,334			
c Accounting	53,940			
d Lobbying	1,156,836			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	71,230			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,877,605			
12 Advertising and promotion				
13 Office expenses	268,715			
14 Information technology	343,354			
15 Royalties	665,082			
16 Occupancy	668,704			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,210,045			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	386,778			
23 Insurance	116,682			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBLICATIONS	300,727			
b DUES, REGISTRATIONS, SU	257,700			
c UBI TAX	250			
d				
e All other expenses	469,969			
25 Total functional expenses. Add lines 1 through 24e	20,054,868			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	403	1 400
	2 Savings and temporary cash investments	1,745,395	2 3,323,016
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	142,803	4 299,030
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	23,690	8 37,605
	9 Prepaid expenses and deferred charges	347,764	9 514,660
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,463,145	
	b Less accumulated depreciation	10b 1,876,498	404,538 10c 1,586,647
	11 Investments—publicly traded securities	18,159,734	11 18,022,663
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	295,692	15 393,729
	16 Total assets. Add lines 1 through 15 (must equal line 34)	21,120,019	16 24,177,750
Liabilities	17 Accounts payable and accrued expenses	1,863,688	17 4,716,368
	18 Grants payable	18	
	19 Deferred revenue	2,741,045	19 2,133,009
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D	2,078,715	25 1,827,691
	26 Total liabilities. Add lines 17 through 25	6,683,448	26 8,677,068
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	14,436,571	27 15,500,682
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	14,436,571	33 15,500,682
	34 Total liabilities and net assets/fund balances	21,120,019	34 24,177,750

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	20,652,308
2 Total expenses (must equal Part IX, column (A), line 25)	2	20,054,868
3 Revenue less expenses Subtract line 2 from line 1	3	597,440
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,436,571
5 Net unrealized gains (losses) on investments	5	219,355
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	247,316
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,500,682

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/> No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/> Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Software ID:

Software Version:

EIN: 13-1390920

Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees and Independent Contractors						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Former Employee Key employee Compensated Employee	
(1) SCOTT BEATTIE	0 10		X	X		0
CHAIRMAN	0 10					0
(1) CYNTHIA BREEN	0 10		X	X		0
VICE-CHAIRMAN	0 10					0
(2) DEBORAH ANN HENRETTA	0 10		X	X		0
VICE-CHAIRMAN	0 10					0
(3) HEIDI MANHEIMER	0 10		X	X		0
VICE-CHAIRMAN	0 10					0
(4) DAVID HOLL	0 10		X	X		0
TREASURER	0 10					0
(5) GEORGE CALVERT	0 10		X	X		0
SECRETARY	0 10					0
(6) PAMELA BAXTER	0 10		X			0
MEMBER	0 10					0
(7) GINA BOSWELL	0 10		X			0
MEMBER	0 10					0
(8) ROBERT CANDELINO	0 20		X			0
MEMBER	0 00					0
(9) ANDREA D'AVACK	0 20		X			0
MEMBER	0 00					0
(10) PETER DORNSIFE	0 20		X			0
MEMBER	0 00					0
(11) KAREN FONDU	0 10		X			0
MEMBER	0 10					0
(12) KEVIN F GALLAGHER	0 20		X			0
MEMBER	0 00					0
(13) TIMOTHY HAYES	0 20		X			0
MEMBER	0 00					0
(14) JOSEPH HEALY	0 20		X			0
MEMBER	0 00					0
(15) PAUL IRELAND	0 20		X			0
MEMBER	0 00					0
(16) INGRID JACKEL	0 20		X			0
MEMBER	0 00					0
(17) DANIEL ANDRE LANGER	0 20		X			0
MEMBER	0 00					0
(18) BERTRAND LEMONT	0 20		X			0
MEMBER	0 00					0
(19) LINDA MARSHALL	0 10		X			0
MEMBER	0 10					0
(20) FELIX MAYR-HARTING	0 20		X			0
MEMBER	0 00					0
(21) CAMILLE MCDONALD	0 20		X			0
MEMBER	0 00					0
(22) DAVID J MUENZ	0 20		X			0
MEMBER	0 00					0
(23) PABLO MUÑOZ	0 20		X			0
MEMBER	0 00					0
(24) JACK NETHERCUTT	0 10		X			0
MEMBER	0 10					0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	11472 Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(26) SENNEN PAMICH	0 10						0	0	0
..... MEMBER	..... 0 10	X							
(1) GREGORY POLCER	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(2) MARC REY	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(3) AL ROBERTSON	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(4) GEORGE SCHAEFFER	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(5) PHILLIPE SCHAISSON	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(6) OLIVER SCHRADER	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(7) KEECH COMBE SHETTY	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(8) MICHAEL SLOAD	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(9) JEFF SMITH	0 10						0	0	0
..... MEMBER	..... 0 10	X							
(10) ART SPIRO	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(11) RICHARD TOLIN	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(12) JERRY VITTORIA	0 20						0	0	0
..... MEMBER	..... 0 00	X							
(13) JONATHAN ZRIHEN	0 10						0	0	0
..... MEMBER	..... 0 10	X							
(14) ROGER BARNETT	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(15) MAGGIE CIAFARDINI	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(16) GEORGE CLEARY	0 10						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 10	X							
(17) CHRISTOPHER B COMBE	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(18) CHRIS ELSHAW	0 10						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 10	X							
(19) WILLIAM J GENTNER	0 10						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 10	X							
(20) STEPHAN KANLIAN	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(21) JAMES J MACKEY	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(22) ROBERT M PHILLIPS	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(23) COSIMO POLICASTRO	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							
(24) CHRISTOPHE DE VILLEPLEE	0 20						0	0	0
..... MEMBER (RESIGNED DURING 2014)	..... 0 00	X							

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(51) LEZLEE WESTINE PRESIDENT & CEO	40 00 0 00	x	963,960	0	44,762
(1) KRISTEN BOGENRIEF EVP FINANCE & ADMIN	40 00 0 00	x	444,276	0	34,413
(2) MARK POLLAK SR VP STRATEGIC INITIATIVES	40 00 0 00	x	364,041	0	47,026
(3) ELIZABETH ANDERSON EVP GENERAL COUNSEL	40 00 0 00	x	313,879	0	47,026
(4) LILIAN GILL EXECUTIVE DIRECTOR	40 00 0 00	x	287,199	0	42,073
(5) JOHN HURSON EVP GOVERNMENT AFFAIRS	40 00 0 00	x	421,675	0	47,026
(6) FRANCINE LAMORIELLO EVP GLOBAL STRATEGIES	40 00 0 00	x	412,126	0	40,835
(7) BETH LANGE EVP SCIENCE (7/14-12/14)	40 00 0 00	x	290,951	0	32,364
(8) LISA POWERS EVP PUBLIC AFFAIRS	40 00 0 00	x	225,319	0	38,074
(9) JAY ANSELL VP COSMETIC PROGRAMS	40 00 0 00	x	205,694	0	41,505
(10) IVAN BOYER SENIOR TOXICOLOGIST	40 00 0 00	x	183,438	0	38,349
(11) THOMAS MYERS ASSOCIATE GENERAL COUNSEL	40 00 0 00	x	191,090	0	36,873
(12) MORRIS SCHMIER VP FINANCE	40 00 0 00	x	194,686	0	33,942
(13) MICHAEL THOMPSON SR VP GOVERNMENT AFFAIRS	40 00 0 00	x	237,225	0	38,762

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OMB No 1545-0047

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2014****Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC	Employer identification number 13-1390920
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:

Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period			
	(a) 2011	(b) 2012	(c) 2013	(d) 2014
2a Calendar year (or fiscal year beginning in)				(e) Total
b Lobbying nontaxable amount (150% of line 2a, column(e))				
c Total lobbying expenditures				
d Grassroots nontaxable amount				
e Grassroots ceiling amount (150% of line 2d, column (e))				
f Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1l below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	12,847,174
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	2,701,081
b Carryover from last year	2b	
c Total	2c	2,701,081
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,340,265
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-639,184

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation

Part IV | **Supplemental Information (continued)**

Supplemental Information (continued)

Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**Name of the organization**

THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

- 4 Number of states where property subject to conservation easement is located ► _____

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? Yes No

- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,153,562	10,418,927	9,208,815	10,448,663	9,936,695
b Contributions	1,965,640	1,483,224	1,423,242	268,363	978,813
c Net investment earnings, gains, and losses	219,355	-153,825	581,233	-497,588	531,570
d Grants or scholarships					
e Other expenditures for facilities and programs	1,368,197	594,764	794,363	1,010,623	998,415
f Administrative expenses					
g End of year balance	11,970,360	11,153,562	10,418,927	9,208,815	10,448,663

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment 100 000 %

b Permanent endowment 0 %

c Temporarily restricted endowment 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		1,408,914	134,182	1,274,732	
d Equipment		1,933,162	1,662,075	271,087	
e Other		121,069	80,241	40,828	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					1,586,647

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

See Form 990, Part X, line 12.

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

Part IX Other Assets: Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities Complete if the organization has other liabilities.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value
Federal income taxes		
ACCRUED PENSION LIABILITY		1,825,109
DUE TO AFFILIATE		2,582
Total. (Column (b) must equal Form 990, Part X, col (B), line 25.) ►		1,827,691

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,871,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	219,355
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	219,355
3	Subtract line 2e from line 1	3	20,652,308
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	20,652,308

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	20,054,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,054,868
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	20,054,868

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE COUNCIL'S BOARD OF DIRECTORS HAS AUTHORIZED THE USE OF THE BOARD-DESIGNATED NET ASSETS FOR ANY FISCAL YEAR'S EXPENSES THAT CANNOT BE COVERED BY THAT YEAR'S REVENUE. THE BOARD-DESIGNATED NET ASSETS ALSO ARE USED TO OFFSET ANY UNREALIZED LOSSES ON INVESTMENTS IN ANY GIVEN FISCAL YEAR ACCORDINGLY, AT YEAR-END ANY OPERATING SURPLUS OR DEFICIT AND ANY UNREALIZED GAINS OR LOSSES ON INVESTMENTS ARE TRANSFERRED TO THE BOARD-DESIGNATED FUND
PART X, LINE 2	THE COUNCIL BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE COUNCIL'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED

Part XIII Supplemental Information (*continued*)

Supplemental Information (continued)

Return Reference

Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Department of the Treasury
Internal Revenue Service

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

DLN: 93493152000075

2014

OMB No. 1545-0047

Name of the organization
THE PERSONAL CARE PRODUCTS COUNCIL INC

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	0	0	PROGRAM SERVICES	STAFF TRAVEL	8,329
(2) EUROPE	0	0	PROGRAM SERVICES	STAFF TRAVEL & IT EXPENSES	90,934
(3) SOUTH AMERICA	0	0	PROGRAM SERVICES	STAFF TRAVEL	3,392
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STAFF TRAVEL	89,034
(5)					
3a Sub-total	0	0			191,689
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			191,689

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Cat No 50082W

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(1)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▲

3 Enter total number of other organizations or entities ▲

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see *Instructions for Form 926*) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see *Instructions for Forms 3520 and 3520-A; do not file with Form 990*) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons with Respect to Certain Foreign Corporations*. (see *Instructions for Form 5471*) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see *Instructions for Form 8621*) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons with Respect to Certain Foreign Partnerships*. (see *Instructions for Form 8865*) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report* (see *Instructions for Form 5713; do not file with Form 990*) Yes No

Schedule F (Form 990) 2014

Additional Data

Software ID:
Software Version: EIN: 13-1390920
Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

Schedule F (Form 990) 2014

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Page 5

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DLN: 934931520000075

**Schedule I
(Form 990)**Department of the Treasury
Internal Revenue ServiceName of the organization
THE PERSONAL CARE PRODUCTS COUNCIL INC**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/Form990.Employer identification number
13-1390920**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.**2014**Open to Public
Inspection

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY EASTERN DIVISION 132 WEST 32ND STREET NEW YORK, NY 10019	16-0743902	501(C)(3)	20,000				CONTRIBUTION
(2) THE SKIN CANCER FOUNDATION 149 MADISON AVE SUITE 901 NEW YORK, NY 10016	13-2948778	501(C)(3)	10,000				CONTRIBUTION
(3) NAT'L CONF OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	501(C)(3)	20,500				SPONSORSHIP & CONTRIBUTION
(4) JAMES C MARSHALL OCD FOUNDATION INC 6804 SEYBOLD ROAD MADISON, WI 53719	30-0098471	501(C)(3)	10,000				CONTRIBUTION
(5) SETAC 229 S BAYLEN ST PENSACOLA, FL 32502	52-1184315	501(C)(6)	7,500				SPONSORSHIP
(6) COMPETITIVE ENTERPRISE INSTITUTE 1899 L STREET NW 12TH FLOOR WASHINGTON, DC 20036	52-1351785	501(C)(3)	5,500				CONTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2014

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493152000075
Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047 2014 Open to Public Inspection
Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC			Employer identification number 13-1390920

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization	4a	No
a Receive a severance payment or change-of-control payment?	4b	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	5a	
a The organization?	5b	
b Any related organization?		
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6a	
a The organization?	6b	
b Any related organization?		
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference**Explanation**

PART I, LINE 1A
RAIL TRAVEL-ON AMTRAK'S ACELA EXPRESS, THERE IS NO COACH CLASS THE LOWEST CLASS OF SERVICE ON THAT TRAIN IS BUSINESS CLASS EMPLOYEES BELOW THE LEVEL OF EXECUTIVE VICE PRESIDENT ARE PERMITTED TO TRAVEL IN BUSINESS CLASS ON THE ACELA EXPRESS THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS ARE PERMITTED TO TRAVEL IN THE NEXT CLASS (FIRST CLASS) IN THE FOLLOWING SITUATIONS (1) WHERE THERE ARE NO BUSINESS CLASS TICKETS STILL AVAILABLE ON A TRAIN THAT WILL GET THEM TO/FROM THEIR DESTINATION IN A TIMELY MANNER, (2) WHERE THEY MUST TRAVEL FOR A BUSINESS PURPOSE OVER A MEAL TIME SINCE FIRST CLASS ON THE ACELA EXPRESS INCLUDES A MEAL TRAVEL FOR COMPANIONS-EXECUTIVE VICE PRESIDENTS ARE PERMITTED TO BRING THEIR SPOUSES OR SIGNIFICANT OTHERS TO THE ASSOCIATION'S ANNUAL MEETING THE ASSOCIATION REIMBURSES THE STAFF PERSON FOR THESE EXPENSES AND RECORDS THE REIMBURSEMENT AS ADDITIONAL INCOME ON THE STAFF PERSON'S W-2 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS- THE COUNCIL DISTRIBUTES SMALL DENOMINATION HOLIDAY GIFT CARDS TO STAFF AT ALL LEVELS AND REPORTS THOSE GIFT CARDS ON THE STAFF PERSON'S W-2 OCCASIONALLY OTHER SMALL GIFTS ARE GIVEN TO STAFF AND THESE ALSO ARE RECORDED ON THE STAFF PERSON'S W-2

Additional Data**Software ID:****Software Version:**

EIN: 13-1390920

Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferrals in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation				
1 LEZLEE WESTINE, PRESIDENT & CEO	630,907 0	300,000 0	33,053 0	29,700 0	15,062 0	1,008,722 0
2 KRISTEN BOGENRIEF, EVP FINANCE & ADMIN	390,504 0	29,125 0	24,647 0	29,700 0	4,713 0	478,689 0
3 MARK POLLAK, SR VP STRATEGIC INITIATIVES	311,271 0	23,550 0	29,220 0	29,700 0	17,326 0	411,067 0
4 ELIZABETH ANDERSON, EVP GENERAL COUNSEL	280,984 0	22,750 0	10,145 0	29,700 0	17,326 0	360,905 0
5 LILLIAN GILL, EXECUTIVE DIRECTOR	270,127 0	10,800 0	6,272 0	29,700 0	12,373 0	329,272 0
6 JOHN HURSON, EVP GOVERNMENT AFFAIRS	365,941 0	29,225 0	26,509 0	29,700 0	17,326 0	468,701 0
7 FRANCINE LAMORIELLO, EVP GLOBAL STRATEGIES (7/14-12/14)	354,611 0	27,825 0	29,690 0	29,700 0	11,135 0	452,961 0
8 BETH LANGE, EVP SCIENCE (7/14-12/14)	168,770 0	110,271 0	11,910 0	12,534 0	19,830 0	323,315 0
9 LISA POWERS, EVP PUBLIC AFFAIRS	224,111 0	0 0	1,208 0	26,999 0	11,075 0	263,393 0
10 JAY ANSELL, VP COSMETIC PROGRAMS	202,946 0	0 0	2,748 0	25,095 0	16,410 0	247,199 0
11 IVAN BOYER, SENIOR TOXICOLOGIST	180,706 0	0 0	2,732 0	22,969 0	15,380 0	221,787 0
12 THOMAS MYERS, ASSOCIATE GENERAL COUNSEL	189,077 0	0 0	2,013 0	22,536 0	14,337 0	227,963 0
13 MORRIS SCHMIER, VP FINANCE	190,801 0	0 0	3,885 0	22,927 0	11,015 0	228,628 0
MICHAEL THOMPSON, SR VP GOVERNMENT AFFAIRS	233,217 0	0 0	4,008 0	27,825 0	10,937 0	275,987 0

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Schedule L (Form 990 or 990-EZ)		Transactions with Interested Persons	
Department of the Treasury Internal Revenue Service		► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	
		OMB No 1545-0047 2014 Open to Public Inspection	

Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC	Employer identification number 13-1390920
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b			
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction
			(d) Corrected? Yes No

- 2** Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?	(h) Approved by board or committee?		(i) Written agreement?	
							To	From	Yes	No

Total ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDERSON COURT REPORTING	SPOUSE OF ELIZABETH ANDERSON, EMPLOYEE OF THE COUNCIL	30,686	ANDERSON COURT REPORTING IS AN INDEPENDENT CONTRACTOR WHOSE OWNER IS THE SPOUSE OF A KEY EMPLOYEE, ELIZABETH ANDERSON. THIS COMPANY DOES TRANSCRIPTION WORK FOR THE COUNCIL'S COSMETIC INGREDIENT REVIEW PROGRAM		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference**Explanation**

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493152000075

OMB No 1545-0047

2014

Open to Public
Inspection**SCHEDULE M
(Form 990)****Noncash Contributions**

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(COSMETICS)	X	17	321,030	FMV
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II	30a	No
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference _____

Explanation _____

Schedule M (Form 990) (2014)

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
<p>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</p> <p>► Attach to Form 990 or 990-EZ.</p> <p>► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</p>		
Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC	Employer identification number 13-1390920	
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 1	SOME OF THE MEMBERS OF THE BOARD OF DIRECTORS ARE THE HEADS OF COMMITTEES, AND DO NOT HAVE VOTING RIGHTS FOR MATTERS COMING BEFORE THE BOARD	

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE COUNCIL IS ORGANIZED AS A NOT-FOR-PROFIT ASSOCIATION. IT'S MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ASSOCIATIONS MEMBERS ELECT THE OFFICERS OF THE ASSOCIATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE AND AUDIT COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S FINANCIAL AND OTHER GOVERNING AND OPERATING POLICIES. THE FINANCE AND AUDIT COMMITTEE IS COMPRISED OF THE CHAIRMAN OF THE BOARD, THE TREASURER, AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE APPOINTED BY THE BOARD TO ADDRESS THE ISSUE OF THE PRACTICALITY OF A FULL BOARD REVIEW OF THE 990S. THIS COMMITTEE WILL RECEIVE DRAFT COPIES OF THE 990S, REVIEW THEM, AND APPROVE THEM FOR ISSUANCE. THIS REVIEW WILL TAKE PLACE IN A TIME FRAME THAT WILL ALLOW THE 990S TO BE FILED BY THE APPLICABLE FILING DATE. THE COMMITTEE'S REVIEW WILL BE CONDUCTED WITH THE THIRD PARTY TAX PREPARERS AND MANAGEMENT OF THE COUNCIL/FOUNDATION. A REPORT WILL BE MADE TO THE BOARD AT ITS NEXT MEETING THAT THE REVIEW AND APPROVAL OF THE 990S TOOK PLACE, AND THAT THEY HAVE BEEN FILED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ANNUALLY ALL DIRECTORS, OFFICERS, AND SENIOR STAFF EMPLOYEES WILL RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY TOGETHER WITH A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE, WHICH SHALL BE COMPLETED AT LEAST ANNUALLY EACH NEW DIRECTOR, OFFICER, AND SENIOR STAFF EMPLOYEE SHALL PARTICIPATE IN A SIMILAR PROCEDURE IMMEDIATELY UPON ASSUMPTION OF HIS OR HER RESPONSIBILITIES. DIRECTORS ANY MEMBER OF THE BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL PROMPTLY NOTIFY THE PRESIDENT OR THE GENERAL COUNSEL. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY IN THE MATTER. THE BOARD MEMBER'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY VOTE WITH RESPECT TO A COUNCIL BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE CONFLICT OF INTEREST. THE BOARD MEMBER, OR THE CHAIRMAN IN THE DIRECTOR'S ABSENCE, SHALL DISCLOSE A POSSIBLE CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD BEFORE ANY VOTE ON A COUNCIL BUSINESS TRANSACTION AND SUCH DISCLOSURE SHALL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH IT IS MADE. ANY COUNCIL BUSINESS TRANSACTION WHICH INVOLVES A POSSIBLE CONFLICT OF INTEREST WITH A MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE TERMS THAT ARE AT LEAST AS FAIR AND REASONABLE TO THE COUNCIL AS THOSE THAT WOULD OTHERWISE BE AVAILABLE TO THE COUNCIL IF IT WERE DEALING WITH AN UNRELATED PARTY. STAFF ANY SENIOR STAFF MEMBER WHO MAY BE INVOLVED IN A COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL PROMPTLY REPORT THE POSSIBLE CONFLICT TO THE PRESIDENT OR GENERAL COUNSEL. IF THE POSSIBLE CONFLICT INVOLVES THE PRESIDENT, THE POSSIBLE CONFLICT SHALL BE REPORTED TO THE CHAIRMAN OF THE BOARD BY THE PRESIDENT. THE PRESIDENT, OR WHERE APPLICABLE THE CHAIRMAN, AFTER RECEIVING INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, SHALL TAKE SUCH ACTION AS IS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF THE ASSOCIATION WITHOUT THE SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST. THIS DOES NOT MEAN THAT THE PURCHASE OR OTHER TRANSACTION MUST NECESSARILY BE DIVERTED, BUT SIMPLY THAT PERSONS OTHER THAN THE ONE WITH THE POSSIBLE CONFLICT SHALL MAKE THE JUDGMENTS INVOLVED AND SHALL CONTROL THE TRANSACTION. A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT AND OF ANY ADJUSTMENTS MADE TO AVOID POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY THE PRESIDENT OR THE GENERAL COUNSEL. ANY DISPUTED ACTION WITH RESPECT TO THIS POLICY SHALL BE RESOLVED BY THE BOARD.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S COMPENSATION OF STAFF. SPECIFICALLY, THIS INCLUDES DETERMINING THE COUNCIL'S COMPENSATION PHILOSOPHY AND DETERMINATION AND APPROVAL OF THE CEO'S COMPENSATION WITHIN THE COMPENSATION PHILOSOPHY AND SYSTEM APPROVED BY THE COMMITTEE. THE CEO IS SOLELY RESPONSIBLE FOR ADMINISTERING THE COMPENSATION SYSTEM FOR ALL COUNCIL EMPLOYEES OTHER THAN THE CEO. THE COMMITTEE, HOWEVER, WILL REVIEW AND APPROVE THE COMPENSATION OF OTHER EXECUTIVE (NON-CEO) STAFF TO CONFIRM THAT PAY LEVELS ARE WITHIN MARKET PRACTICE AND THE COUNCIL'S COMPENSATION PHILOSOPHY. THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL APPOINT A COMPENSATION COMMITTEE COMPRISING OF MEMBERS OF THE EXECUTIVE COMMITTEE, WHO HAVE NO RELATIONSHIP TO THE COUNCIL THAT MAY INTERFERE WITH THE EXERCISE OF THEIR INDEPENDENCE FROM MANAGEMENT OF THE COUNCIL. THE CHAIRMAN OF THE BOARD OF DIRECTORS OR A COMPENSATION COMMITTEE MEMBER DESIGNEE SHALL SERVE AS THE CHAIR PERSON OF THIS COMMITTEE. ALL MEMBERS OF THE COMMITTEE SHALL HAVE A WORKING FAMILIARITY WITH FUNDAMENTAL COMPENSATION PRACTICES DUTIES AND RESPONSIBILITIES. THE PRINCIPAL DUTIES AND RESPONSIBILITIES OF THE COMMITTEE ARE (1) TO APPROVE THE COUNCIL'S COMPENSATION PHILOSOPHY, WHICH INCLUDES SPECIFYING MARKETPLACE DEFINITION AND TARGET COMPENSATION LEVELS RELATIVE TO THE MARKETPLACE (2) TO EVALUATE THE CEO'S PERFORMANCE IN LIGHT OF THE COUNCIL'S ANNUAL GOALS AND OBJECTIVES AND DETERMINE THE ANNUAL BASE SALARY AND ANNUAL INCENTIVE-BASED COMPENSATION FOR THE CEO (3) TO REVIEW AND APPROVE THE CEO'S RECOMMENDATIONS REGARDING COMPENSATION FOR OTHER EXECUTIVE STAFF (4) TO APPROVE ANY EMPLOYMENT CONTRACT APPLICABLE TO THE PRESIDENT/CEO (5) AND TO PERIODICALLY REVIEW BOTH REGIONAL AND INDUSTRY-WIDE COMPENSATION PRACTICES AND TRENDS IN ORDER TO ASSESS THE APPROPRIATENESS AND COMPETITIVENESS OF THE COUNCIL'S EXECUTIVE COMPENSATION PROGRAMS AMONG COMPARABLE COMPANIES IN THE COUNCIL'S INDUSTRY. IN CONDUCTING THIS PERIODIC REVIEW, THE COMMITTEE SHALL HAVE THE RESOURCES AND AUTHORITY APPROPRIATE TO DISCHARGE ITS RESPONSIBILITIES, INCLUDING THE AUTHORITY TO RETAIN CONSULTANTS, ACCOUNTANTS, AND LEGAL OR OTHER ADVISORS, AT THE COUNCIL'S EXPENSE. ANY CONSULTANTS OR OTHER ADVISORS RETAINED SHALL BE INDEPENDENT AND HAVE APPROPRIATE EXPERTISE REGARDING COMPENSATION ARRANGEMENTS FOR NONPROFIT TAX-EXEMPT CORPORATION. PROCESS ANNUAL PERFORMANCE OBJECTIVES ARE DEVELOPED AS A BASIS FOR ASSESSING THE CEO'S ANNUAL PERFORMANCE AND FOR COMPENSATION REWARDS AT YEAR-END. THE PERFORMANCE OBJECTIVES ARE LINKED TO THE COUNCIL'S ANNUAL GOALS AND OBJECTIVES. THEY COMBINE SUBSTANTIVE (E.G., POLICY/GOVERNMENTAL) OBJECTIVES WITH MEASURES OF INTERNAL EFFECTIVENESS (FOR EXAMPLE, MEMBERSHIP AND PERFORMANCE AGAINST BUDGET). THEY ARE WRITTEN TO BE AS CONCRETE AND NUMERICAL AS POSSIBLE. THE CHAIRMAN OF THE BOARD, WITH INVOLVEMENT OF MEMBERS OF THE COMPENSATION OR EXECUTIVE COMMITTEES AS APPROPRIATE, REVIEWS AND APPROVES THESE OBJECTIVES. AT YEAR-END, THE COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO TO DETERMINE THE EXTENT TO WHICH THE ANNUAL PERFORMANCE OBJECTIVES HAVE BEEN MET. THE COMMITTEE MAY SEEK INPUT FROM OTHER MEMBERS OF THE BOARD REGARDING THE CEO'S PERFORMANCE BASED ON THE PERFORMANCE REVIEW OF THE CEO, THE COMMITTEE WILL DETERMINE THE LEVEL OF INCENTIVE COMPENSATION TO BE AWARDED TO THE CEO FOR THE PREVIOUS YEAR'S PERFORMANCE. THE COMMITTEE WILL ALSO DETERMINE THE BASE SALARY INCREASE FOR THE CEO FOR THE COMING YEAR. IN MAKING THIS DETERMINATION, THE COMMITTEE WILL CONSIDER THE CEO'S CURRENT AND HISTORICAL PERFORMANCE, AS WELL AS RELEVANT MARKET DATA. THE COMMITTEE WILL REVIEW THE CEO'S COMPENSATION DECISIONS REGARDING OTHER EXECUTIVE STAFF TO CONFIRM THAT THEY ARE IN KEEPING WITH THE COUNCIL'S COMPENSATION PHILOSOPHY AND CURRENT MARKET PRACTICE. THE CEO'S COMPENSATION DECISIONS ARE BASED ON THE EXECUTIVES ANNUAL PERFORMANCE AGAINST THEIR PERFORMANCE OBJECTIVES, WHICH HAVE BEEN APPROVED BY THE CEO ADMINISTRATION. THE COMMITTEE SHALL MEET AS OFTEN AS NECESSARY TO CARRY OUT ITS RESPONSIBILITIES. A MAJORITY OF THE MEMBERS PRESENT WILL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS, AND ANY ACTION APPROVED BY AT LEAST A MAJORITY OF THE MEMBERS SHALL REPRESENT THE VALID ACTION OF THE COMMITTEE. THE COMMITTEE SHALL MAINTAIN WRITTEN MINUTES OF ALL OF ITS MEETINGS. THE MINUTES SHALL BE CIRCULATED IN DRAFT FORM TO ALL COMMITTEE MEMBERS TO ENSURE ACCURACY, AND SHALL BE APPROVED AT A SUBSEQUENT MEETING OF THE COMMITTEE. DOCUMENTATION OF COMMITTEE APPROVALS OF COMPENSATION MAY BE DONE BY EMAIL IF THE APPROVAL BY INDIVIDUAL MEMBERS OF THE COMMITTEE MUST OCCUR AFTER THE CONCLUSION OF AN ACTUAL MEETING.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COUNCIL ONLY MAKES THE 990S AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE COUNCIL WILL MAKE GOVERNING DOCUMENTS, POLICIES, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO MEMBERS IF REQUESTED.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY 247,316

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

Left GRAPHIC print - DO NOT PROCESS | As Filed Data - |**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue ServiceName of the organization
THE PERSONAL CARE PRODUCTS COUNCIL INC**Related Organizations and Unrelated Partnerships****2014****Open to Public
Inspection****Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) COUNCIL'S FEDERAL PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 57-1193100	FEDERAL PAC	DC	527		THE PERSONAL CARE PRODUCTS COUNCIL INC	No
(2) COUNCIL'S STATE PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 54-0836354	STATE PAC	CA	527		THE PERSONAL CARE PRODUCTS COUNCIL INC	No
(3) COUNCIL'S STATE PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 14-1747878	STATE PAC	NY	527		THE PERSONAL CARE PRODUCTS COUNCIL INC	No
(4) PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 52-1523017	CANCER PATIENTS EDUCATION	DC	501(C)(3)		THE PERSONAL CARE PRODUCTS COUNCIL INC	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
					Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?
					Yes	No		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes
1a	No
1b	No
1c	No
1d	No
1e	No
1f	No
1g	No
1h	No
1i	No
1j	No
1k	No
1l	No
1m	No
1n	Yes
1o	Yes
1p	No
1q	Yes
1r	No
1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	N	86,434	ACTUAL COSTS
(2) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	O	90,613	ACTUAL COST PLUS BENEFIT RECD
(3) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	Q	1,019,194	ACTUAL REIMBURSEMENT RECEIVED

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	Name, address, and EIN of entity	(b)	Primary activity	(c)	Legal domicile (state or foreign country)	(d)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	Are all partners section 501(c)(3) organizations?	(f)	Share of total income	(g)	Share of end-of-year assets	(h)	Disproportionate allocations?	(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j)	General or managing partner?	(k)	Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference

Explanation